

**REGISTRATION FORM**  
**FIBROMYALGIA WORKSHOP: THE NEXT ADVANCES**  
 November 11-12, 2004. The Marriott Wardman Park Hotel, Washington, D.C.

<b>NAME</b>			
<b>DEGREE(S)</b>			
<b>PROFESSIONAL TITLE</b>			
<b>ORGANIZATION/AFFILIATION</b>			
<b>DEPARTMENT</b>			
<b>ADDRESS 1</b>			
<b>ADDRESS 2</b>			
<b>ZIP/POSTAL CODE</b>		<b>STATE</b>	
<b>TELEPHONE</b>		<b>FAX</b>	
<b>EMAIL</b>			

**REGISTRATION FEE:** \$150

<b>PAYMENT</b>	<input type="checkbox"/> Check or money order		
	<input type="checkbox"/> Credit card	MC Visa #	
		exp	

Payment must accompany registration form. Please indicate names of ALL registrants on check or money order payments to ensure proper processing. Payments must be made in U.S. Dollars. Make payable to OHSU Foundation, indicate in the memo line Fibromyalgia Workshop. No purchase orders or wire transfers will be accepted.

**EMERGENCY CONTACT INFORMATION**

Please provide name and phone number of individual to contact in case of emergency.

<b>Name</b>		<b>Telephone</b>	
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**SPECIAL REQUIREMENTS**

Arrangements for participants with disabilities: Conference facilities and overnight accommodations are accessible to persons with disabilities. Indicate any special needs 14 business days prior to the workshop.

Indicate any special needs (dietary restrictions, etc.):

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**REFUND REQUESTS**

Refund requests must be made in writing and faxed or postmarked by October 31, 2004. A \$25 handling fee will be assessed on all refunds. Refunds will be processed for payment after the workshop.

**RETURN REGISTRATION FORM BY OCTOBER 15, 2004 TO:**

Kay Koestler  
 Oregon Health & Science University  
 3181 S.W. Sam Jackson Park Road, Mailstop OP-26 Portland, OR 97239-3098  
 Phone (503) 494-7808, Fax (503) 494-7635, E-mail koestler@ohsu.edu